


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90165 005 \*\*\*245.00

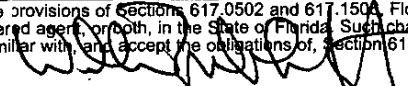
<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 764217</b>					
1. Corporation Name <b>HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, IN CORPORATED</b>					
Principal Place of Business <b>NG. INCORPORATED</b> <b>320 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33139</b>			Mailing Address <b>NG. INCORPORATED</b> <b>320 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33139</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/19/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0825837	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ZUBKOFF, WILLIAM DR</b> <b>2 S HIBISCUS DR</b> <b>MIAMI BEACH FL 33139</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

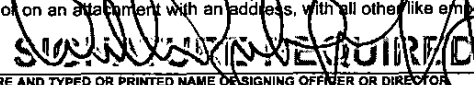
11. Pursuant to the provisions of Sections 617.0502 and 617.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: 02/21/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME <b>V GALEUT, HYMAN</b> STREET ADDRESS <b>4470 PINE TREE DR</b> CITY-ST-ZIP <b>MIAMI BEACH FL</b>				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>C GALEUT, RUSSELL</b> STREET ADDRESS <b>5601 COLLINS AVENUE</b> CITY-ST-ZIP <b>MIAMI BCH. FL</b>				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>P ZUBKOFF, WILLIAM</b> STREET ADDRESS <b>2 SOUTH HIBISCUS DRIVE</b> CITY-ST-ZIP <b>MIAMI BEACH FL</b>				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>T KALUS, ELLIOT</b> STREET ADDRESS <b>20500 W. COUNTRY CLUB DR.</b> CITY-ST-ZIP <b>AVENTURA FL</b>				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>D BERKSON, MARSHALL H</b> STREET ADDRESS <b>111 PALM AVENUE</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>VD ROTH, IRWIN</b> STREET ADDRESS <b>138 N.E. 2ND AVENUE</b> CITY-ST-ZIP <b>MIAMI FL</b>				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 02/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0027973

CR2E037 (11/98)